

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL PLUGGING RECORD
K.A.R. 82-3-117

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

OPERATOR: License #: _____
 Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____
 Phone: (_____) _____
 Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 Water Supply Well Other: _____ SWD Permit #: _____
 ENHR Permit #: _____ Gas Storage Permit #: _____
 Is ACO-1 filed? Yes No If not, is well log attached? Yes No
 Producing Formation(s): List All (If needed attach another sheet)
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - _____
 Spot Description: _____
 _____ - _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West
 _____ Feet from North / South Line of Section
 _____ Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: _____
 Lease Name: _____ Well #: _____
 Date Well Completed: _____
 The plugging proposal was approved on: _____ (Date)
 by: _____ (KCC District Agent's Name)
 Plugging Commenced: _____
 Plugging Completed: _____

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #: _____ Name: _____
 Address 1: _____ Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Phone: (_____) _____
 Name of Party Responsible for Plugging Fees: _____
 State of _____ County, _____, ss.
 _____ Employee of Operator or Operator on above-described well,
 (Print Name)

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

Submitted Electronically

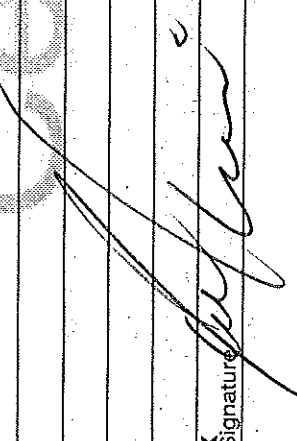
QUALITY OILWELL CEMENTING, INC.

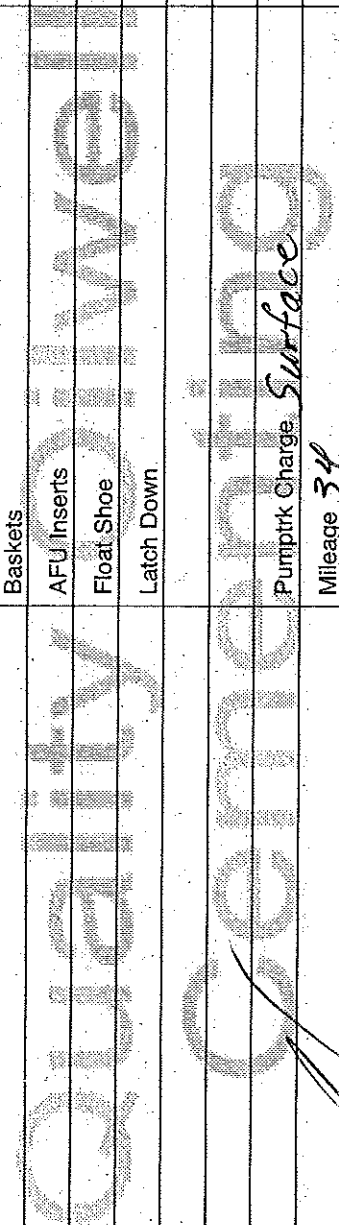
Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 662

Date	2-27-18	Sec.	30	Twp.	8	Range	15	County	Osborne	State	KS	On Location		Finish	10:15PM
Lease	Griffin Trust 16 No. 1-30														
Contractor	Murfin														
Type Job	Surface														
Hole Size	12 1/4"														
Csg.	8 5/8"														
Tbg. Size															
Tool															
Cement Left in Csg.	15'														
Shoe Joint	15'														
Displace	15 1/2 BLS														
EQUIPMENT															
Pumptrk	No.	18													
	Helper	T. Lewis													
Bulktrk	No.	3													
	Driver	Glenn													
Bulktrk	No.	P.U.													
	Driver	Rick													
JOB SERVICES & REMARKS															
Remarks:	Cement did Circulate														
Rat Hole															
Mouse Hole															
Centralizers															
Baskets															
D/V or Port Collar															
	Sand														
	Handling 191														
	Mileage														
	FLOAT EQUIPMENT														
	Guide Shoe														
	Centralizer 1														
	Baskets														
	AFU Inserts														
	Float Shoe														
	Latch Down														
	Pumptrk Charge Surface														
	Mileage 34														
	Tax														
	Discount														
	Total Charge														
X Signature															



QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

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Home Office P.O. Box 32 Russell, KS 67665

No.

Date	3-4-18	Sec.	30	Twp.	8	Range	15	County	Osborne	State	KS	On Location		Finish	5:30 PM
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Lease Grippin Trust Well No. 1-30
 Location Natoma 10 N 1 1/4 W 5 ind

Contractor Murfin #16
 Owner
 To Quality Oilwell Cementing, Inc.
 You are hereby requested to rent cementing equipment and furnish
 cementer and helper to assist owner or contractor to do work as listed.

Type Job Plug
 Charge Gulf Exploration
 To

Hole Size 7 7/8
 T.D. 3694
 Street

Csg. Drill Pipe
 Depth
 City

Tbg. Size
 Depth
 State

Tool
 Depth
 The above was done to satisfaction and supervision of owner agent or contractor.

Cement Left in Csg.
 Shoe Joint
 Cement Amount Ordered 255 60/140 4% iso 1/4 Fl

Meas Line
 Displace
 EQUIPMENT

Pumptrk No. 20 Cementer Brett
 Helper
 Driver

Bulktrk No. 14 Driver Doug
 Driver

Bulktrk No. 14 Driver
 Driver

Common 153
 Poz. Mix 102
 Gel. 9
 Calcium
 Hulls

Remarks:
 Salt
 Flowseal 60H
 Kol-Seal

Rat Hole 30 SX
 Mouse Hole 15 SX
 Mud CLR 48

Centralizers
 CFL-117 or CD110 CAF 38

Baskets
 Sand
 Handling AB4

DN or Port Collar
 Mileage 85/9 FLOAT EQUIPMENT

1st plug @ 1290 w/ 50 SX
 Guide Shoe
 Centralizer

2nd plug @ 875 w/ 100 SX
 Baskets

3rd plug @ 310 w/ 50 SX
 AFU Inserts

4th plug @ 40 w/ 10 SX
 Float Shoe
 Latch Down

Wood Plug 1
 Pumptrk Charge plug

Mileage 34
 Tax

Signature Aty Lead
 Discount
 Total Charge